

# **2009-2011 Request for Applications (RFA) for Local Community-Based and Minority-Based Partnerships in Tobacco Prevention and Cessation**

The Indiana Tobacco Use Prevention and Cessation Executive Board (ITPC) seeks to fund grantees at the local level to coordinate the local community-based and minority-based component of Indiana's tobacco prevention and cessation program. ITPC wants to ensure that as many counties as possible continue their tobacco control programs in Indiana. As in previous funding cycles, no one single agency type has been selected as the Lead Agency for the community-based programs. ITPC recognizes that different organizations may assume this responsibility in different counties. County partners should select one Lead Agency. **Local community-based and minority-based grants will not be guaranteed for each and every county.**

This RFA is an invitation to communities to join together to meet the Indiana Tobacco Use Prevention and Cessation Executive Board's vision.... *To significantly improve health in Indiana and reduce the disease and economic burden tobacco use places on Hoosiers of all ages...*a reality for the State of Indiana.

*This RFA is based on the objectives and strategies outlined in the Indiana Tobacco Control 2015 Draft Strategic Plan. Coalitions should refer to ITPC's 2009-2011 Request for Application Workshop notebook for additional resources. ITPC reserves the right to correct any errors in and/or omissions in the application.*

## **APPLICANT ELIGIBILITY**

A public or private, state, or local government entity may apply as the Lead Agency for the local community-based partnerships for the ITPC program. A public or private minority entity may apply as an agency for the minority-based partnerships for the ITPC program. A minority entity is defined as an entity that is controlled by one (1) or more persons who are: (A) United States citizens; and (B) members of a minority group. "Minority group" means the following: (A) Blacks, (B) American Indians, (C) Hispanics, (D) Asian Americans, (E) Other similar minority groups as defined by 13 CFR 124.103. "Controlled" means having direct control over the management and active in the day-to-day operations of the entity.

ITPC will only approve one community-based contract in any one county. Ideally, ITPC recommends that organizations interested in serving as the Lead Agency for a county work together to submit one community-based application. Should ITPC receive multiple community-based applications from a county, ITPC will:

1. Encourage the applicants to meet jointly with the coalition to determine what organization is best suited to serve as the Lead Agency and request a rewrite of a cooperative application; or
2. If the county cannot make a determination, ITPC will accept more than one application for review and approve one application.

A Lead Agency may apply as a consortium of counties; however, separate applications are required for each county.

ITPC will accept more than one minority-based application per county.

Submission of an application does not guarantee the placement of a contract with the applicant. ITPC reserves the right to seek out an alternate Lead Agency should the review team not approve an application and should prior program and fiscal accountability be below standards. Should ITPC elect to solicit an application from a potential Lead Agency, the deadline for submission of the application will be outside of the dates listed in this document.

### **What is a Lead Agency?**

- **The Lead Agency is the Fiscal Agent.** There is no separate Fiscal Agent and Lead Agency allowed.
- **The Lead Agency must have a Federal Identification Number.** In order to receive grant funds, the Federal Identification Number used must be registered to the Lead Agency. ITPC will not accept a Lead Agency using another organization's Federal Identification Number.

### **Lead Agency Responsibilities.**

- **Financial Responsibilities**
  - Serve as the fiscal officer for the grant
  - Submit Quarterly Fiscal and Program Reports by due dates
  - Respond timely to periodic information requests
  - Be registered with the Indiana Secretary of State
  - Fulfill the terms of the contract
  - Establish a separate account or ledger for grant funds
  - Participate in monitoring engagement with the State Board of Accounts (paid for by ITPC)
  - Conduct an audit to be paid by grant recipient (if required by law)
  - Additional financial information may be requested from all applicants
- **Programmatic Responsibilities**
  - Participate actively in the preparation of the work plan
  - Demonstrate collaboration with other key partners in the preparation of the work plan
  - Agree to serve as the key contact point for required reporting to ITPC
  - Submit Quarterly Fiscal and Program Reports by due dates
  - Ensure that the Lead Agency is represented at coalition meetings, training events, conference calls and cluster meetings
  - Assure that all grant related staff (coalition coordinator) participate in all training events
  - Participate in all evaluation and accountability activities including monitoring of subcontracts and mini grants
  - Disseminate, promote, and conduct the youth tobacco survey data collection and results to school administrators

## ○ **Programmatic Responsibilities-continued**

- Designate an in-house Lead Agency staff person to serve as the Supervisor for the Coordinator. Coordinator will report directly to the Lead Agency staff person.

### **Lead Agency and Coalition Responsibilities**

Although the Lead Agency plays a critical coordination and leadership role in the implementation of this grant, the coalition and related partners are the Community Program. It is through the collaborative effort of this diverse group of committed organizations, and its resources that work is accomplished and goals met. Coalition members are responsible for selecting the Lead Agency. The Lead Agency is responsible for supporting the coalition throughout the grant. The Lead Agency should be an active member of the coalition.

The coalition and its member organizations will carry out many of the activities outlined in the RFA; therefore, the Lead Agency plays an essential role in providing staff time and support to the coalition. The Lead Agency must:

- Assure that a qualified coalition coordinator is employed full or part time to this program. Additional staff may be hired based on the needs of the coalition.
- Assure that resources are available for the coalition that may include meeting accommodations and notices, logistical assistance and other necessary support.
- Assure that hours billed to this grant for staff time are devoted solely to the approved work plan
- Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events.
- Assure that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions.

### **Coalition Training Requirements**

Program staff must attend required ITPC conferences, meetings, and training sessions. Attending required training sessions and conferences is critical for building and maintaining the skills of the staff with responsibility for carrying out the program requirements and is a term and condition of this application. Program staff will accept technical assistance from ITPC throughout the course of the grant to implement their respective work plan. When applicable the coalition must be represented by at least two people including the paid Coordinator. Program staff are required to participate in, at minimum:

- **Conference Calls:** bi-monthly throughout the grant cycle.
- **Regional Meetings:** November 2009 and regional meetings scheduled for 2010 (three of these will occur throughout the length of the grant).
- **Partner Information Exchange:** 2 to 3 day statewide conference for program staff and coalition members.
- **A minimum of four (4) optional ITPC trainings sessions.**

### **Training Performance Measure**

Evidence of attendance at required ITPC conferences, meetings, and training sessions will be required

## GRANT DESCRIPTION

The grant consists of five sections with several forms and attachments. See Page 21 for Application Checklist.

1. The Administration section outlines the accomplishments of the coalition during the current grant period (SFY 2008-2009). Be succinct but demonstrate success. This section also asks the coalition to outline the top three priorities for the next two years. Specific details in paragraph form should be provided for each priority. In addition, this section asks for specific information about the proposed Lead Agency and includes a list of financial, programmatic and coalition duties and responsibilities. The Paid Media Agreement and the Fundamentals for Smoke Free Air Policy Agreement are also located in this section.
2. The Coalition Assessment section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to ensure a broad base of support for social norm changes related to tobacco prevention and cessation. The applicant is required to describe the coalition's partner organizations. Each coalition member and partner is required to complete a profile. The coalition should also demonstrate structure by attaching the list of meeting dates planned for 2009-2011. A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable.
3. The Cessation Systems Change section reflects a shift in Indiana's approach to cessation. ITPC's vision is that every health care provider and institution knows about and refers to the Indiana Tobacco Quitline when appropriate. ITPC is adjusting its focus based on CDC's Best Practices for Comprehensive Tobacco Control Programs (2007) which recommends that cessation interventions include both health care system-based interventions and population-based interventions (quitlines) to provide services to the individual smoker. Cessation interventions must impact a large number of tobacco users. Therefore, ITPC will no longer fund community cessation classes. This section is devoted to making sure the work plans for cessation follow CDC's Best Practices for Comprehensive Tobacco Control Programs (2007) and the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence.
4. The 2009-2011 Work Plan section includes the work plan forms. The coalition must determine the indicators it plans to address and complete a work plan form for each indicator. Each work plan requires the signature of a Lead Agency representative, the Coalition Coordinator and a Coalition member to ensure that everyone has reviewed each work plan. If Indicator #2 is selected, there are assessment forms related to Voice that must be included.
5. The Budget section describes the operation costs to continue tobacco control programming and development of strategic work plan through June 30, 2011. **All**

**grants are contingent upon the availability of funding.** “When the Director of the State Budget Agency makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this contract, the contract shall be canceled. A determination by the Director of the State Budget Agency that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.” Financial Management Circular #2007-1.

## FUNDING AND BUDGETING

This contract period covers State Fiscal Years 2010 and 2011. The contract period starts on July 1, 2009 and ends on June 30, 2011.

**Local community-based and minority-based grants will not be guaranteed for each and every county.** There will not be a guaranteed allotment or a suggested funding range for each county. It is suggested that Lead Agency/applying coalitions consider previous funding levels when preparing the proposal. The size of the county's population will be a consideration. Grants will be reviewed through a competitive process.

The Lead Agency serves as the Fiscal Agent; the Fiscal Agent is the Lead Agency. The Lead Agency/Fiscal Agent is the organization that ITPC has entered into the contract with and this organization bears the fiduciary responsibility over both the program activities and funding received. Funds will be paid to the Lead Agency in four payments as follows:

- 50% of state fiscal year 2010 funding awarded upon receipt of a fully executed contract;
- 50% of state fiscal year 2010 funding in January 2010;
- 50% of state fiscal year 2011 funding in July 2010; and
- 50% of state fiscal year 2011 funding in January 2011.

Lead Agencies that are current ITPC grantees must satisfy all reporting requirements from the previous grant cycle and be in compliance with all contractual guidelines in order to be considered for future funding. **Any outstanding issues, errors, or reporting irregularities reported to ITPC by the State Board of Accounts resulting from a Monitoring Engagement or subsequent audit, must be corrected prior to consideration for future funding. All current ITPC grantees must be up to date on quarterly reporting; program and fiscal reports, and have responded in writing to any requests for additional information resulting from a review by the State Board of Accounts.**

New and existing Lead Agencies will be required to sign the contract, submit a W-9 form, a Direct Deposit form, and audited financial statements, if applicable, prior to receiving any disbursements. All non-governmental entities are required to submit audited financial statements. All funds paid by ITPC will be directly deposited in to the Lead Agency's banking account.

## **SUBMITTING AN APPLICATION**

**The original and eight (8) copies of the completed RFA must be received by 5:00 PM EST on March 6, 2009 at:**

Indiana Tobacco Prevention and Cessation Agency  
Community and Minority-based Program Grant Administrator  
ISTA Building  
150 W. Market St., Suite 406  
Indianapolis, IN 46204

**APPLICATIONS WILL ONLY BE ACCEPTED AT THE ADDRESS ABOVE.**

PLEASE DO NOT SEND APPLICATIONS IN NOTEBOOKS, SPIRAL BINDERS, WITH TABS OR DIVIDERS. PLEASE SECURE THE APPLICATION FORMS IN ORDER WITH A BINDER CLIP.

## **REVIEW PROCESS**

A Review Team consisting of members of the ITPC Board, its staff, and tobacco use prevention and health experts will review the proposals. The Review Team will review proposals to ensure that each proposal meets the minimum requirements of this grant application, and will then submit funding recommendations to the ITPC Executive Board for final approval.

Applications will be reviewed by the following criteria:

- Potential for impact
- Maximize limited funds (priority will be given to those communities that demonstrate the coalition capacity to leverage resources in the community to affect social norm change for tobacco use)
- Strength of coalition
- Leadership and capacity of the Lead Agency
- Capacity to achieve results
- Appropriateness of the budget
- History of timely submission of ITPC Reports and participation in ITPC trainings and communication, if previous ITPC partner
- Meets all contract requirements
- Shows a focus on policy change
- Comprehensive, well-rounded focus and plan (i.e. approach to schools, approach to cessation)
- Partnership approach to achieving objectives
- Input from coalition in writing work plan
- Appropriateness of the mini-grant and/or subcontract proposals
- History of completing contract deliverables and executing an approved work plan

**ITPC reserves the right to require additional materials to substantiate any claim made in the application and during the grant cycle.**

<b>TIMELINE FOR SUBMITTING AN APPLICATION</b>	
January 23, 2009	RFA released
January 26, 28 and 29, 2009	<p>Regional workshops</p> <p><i>* applicants are encouraged to attend one</i></p> <p><b>MONDAY, JANUARY 26, 2008</b>            Sheraton Louisville Riverside Hotel            700 West Riverside Drive            Jeffersonville, IN 47130            (812) 284-6711            9:00 am-4:00 pm EST</p> <p><b>WEDNESDAY, JANUARY 28, 2009</b>            Indiana Wesleyan University            Fort Wayne Conference Center            8211 West Jefferson Blvd.            Fort Wayne, IN 46804            (260) 918-1208            9:00 am-4:00pm EST</p> <p><b>THURSDAY, JANUARY 29, 2009</b>            Gene B. Glick Junior Achievement Center            7435 North Keystone Avenue            Indianapolis, IN 46240            (317) 252-5900            9:00am-4:00pm EST</p>
February 6, 2009	Deadline to submit questions in writing
February 13, 2009	FAQ posted on the ITPC website
March 6, 2009	Completed Applications due to ITPC
April 16, 2009	Review by ITPC Executive Board



## **CONTRACT REQUIREMENTS, CONTRACT DELIVERABLES AND COMMUNITY INDICATORS**

The tobacco control program has four priority areas:

- ❑ Decrease youth smoking rates
- ❑ Increase proportion of Hoosiers not exposed to secondhand smoke
- ❑ Decrease adult smoking rates
- ❑ Protect and maintain a state and local infrastructure necessary to lower tobacco use rates

The following pages outline the overall **contract requirements** for all grants. In addition, there will be specific **contract deliverables** with due dates for all grants. This list below describes these for all grants, community-based and minority-based.

### **Contract requirements for ALL community-based and minority-based partners**

- Work on Indicators 11, 14 and 15
  - Indicator 11 - Extent of the promotion of the Indiana Tobacco Quitline to the community
  - Indicator 14 - Extent of participation by partners within the broad-based coalition
  - Indicator 15 - Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community
- Conduct the 2010 Youth Tobacco Survey in local schools, if selected.
- Identify and educate local policymakers about how tobacco companies target communities of color. (For minority-based partnerships only)
- Demonstrate collaboration throughout the work plan with ITPC funded minority-based partnership (or ITPC community based partnership) in your community, if applicable.
- Attend all required ITPC training sessions and meetings.
- Participate in all ITPC bi-monthly conference calls.
- Submit completed and accurate quarterly reports by the due date.
- Respond timely to special data requests.

### **Contract deliverables for ALL community-based and minority-based partners**

- Provide ITPC with a copy of new tobacco free schools, universities, and hospitals campuses policies. **DUE: QUARTERLY**
- Complete an online assessment of your county's largest employers. **DUE: DECEMBER 31, 2009; DECEMBER 31, 2010**
- Conduct a presentation to every school board in your county about the importance of tobacco prevention and incorporate the youth tobacco survey (YTS) data. **DUE: SEPTEMBER 30, 2010**

## **Community Indicators**

Based on the community indicators the coalition decides to work on, the contract requirements and contract deliverables under each indicator must be evident in the submitted work plan and specific outcomes must be demonstrated throughout and at the end of the contract period. For each community indicator there are a list of requirements, followed by a list of deliverables with their respective due dates.

### **PRIORITY AREA: DECREASE YOUTH SMOKING RATES**

#### **INDICATOR 1:**

**Increase the proportion of Indiana school districts that support and implement a comprehensive school strategy against tobacco use.**

#### **Contract Requirements for Indicator 1:**

- Focus on all five (5) components of the CDC's recommendation for comprehensive school-based tobacco use prevention throughout the two-year work plan.
- **POLICY:** Proportion of school districts in the county that implement 100% tobacco free policies for the entire school campus. This policy applies to students, faculty, staff and visitors and is effective 24 hours day/ 7 days a week.
- **INSTRUCTION/CURRICULUM:** Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years, with reinforcement in high school, using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills. Ninth grade must be one of the grades selected for instruction/focus.
- **PARENT EDUCATION:** Proportion of school districts that demonstrate a plan to educate and involve parents/ families in support of tobacco-free lifestyles.
- **TEACHER TRAINING:** Proportion of school districts that provide tobacco use prevention specific training for teachers.
- **CESSATION FOR PARENTS, YOUTH, AND STAFF:** Proportion of school districts that support cessation interventions for faculty and staff who use tobacco along with age-appropriate cessation interventions for youth.

### **Contract Deliverables for Indicator 1:**

- Obtain a signed commitment from each school district administrator that is targeted by the coalition to accomplish the components of this indicator. **DUE: JUNE 30, 2009**
- Adopt and enforce a comprehensive 100% tobacco free schools policy. **DUE: JUNE 30, 2011**
- Complete the comprehensive school tobacco prevention training. **DUE: JUNE 30, 2010**
- Adopt a policy to use TAP/TEG (or other comparable program as the enforcement mechanism) for school districts with a 100% tobacco free schools policy. **DUE: JUNE 30, 2011**
- Adopt a policy for detailed curriculum on tobacco use prevention for all 6th grade students and 9th grade students. **DUE: JUNE 30, 2011**
- Provide documentation of printed parent education messages on tobacco prevention and quitting in school communication tools that reach parents, i.e. school newsletter. **DUE MONTHLY BETWEEN SEPT-APRIL 2010 and SEPT – APRIL 2011**
- Develop and distribute an information/fact sheet for all incoming 6th grade parents and all incoming 9th grade parents regarding tobacco use by adolescents and cessation services for adults. At a minimum, this should occur at the beginning of the school year for each year of the contract period. **DUE: SEPTEMBER 2009 AND SEPTEMBER 2010**
- Promote the Indiana Tobacco Quit Line to all school district employees, with specific emphasis on staff including bus drivers, school food service and maintenance staff. **DUE: QUARTERLY**
- Provide at least one training or information session for all school nurses, guidance counselors or the Coordinated Health Advisory Council. **DUE: JUNE 30, 2009 and JUNE 30, 2010**

## **INDICATOR 2:**

**Extent of community activism among youth to support community change that includes youth involved in the VOICE movement.**

### **Contract requirements for Indicator 2:**

- Commit to focus on anti-industry messaging rather than only a healthy lifestyle message.
- Continuously work one-on-one with the Hub coordinator to help build your County's local Voice movement to include:
  - Participation in quarterly Voice Hub conference calls
  - Monthly one-on-one contact with the Voice Hub coordinator
- Submit applications for both youth and adults for statewide youth summit by deadline
- Provide information regarding all Voice events one-week prior to the event to **both** the ITPC Voice Director and the Hub Coordinator
- Complete Voice Event Report form within ten (10) days of each event and submit to the ITPC Voice Director
- Allow youth to develop leadership skills!

### **Contract Deliverables for Indicator 2:**

- Complete the Voice Hub Adult Ally Training. **DUE: JUNE 30, 2010; JUNE 30, 2011**
- Conduct and report on local Voice sponsored events in conjunction with the planned Voice statewide Initiative. **DUE DURING THE SCHEDULED MONTH OF THE EVENT**
- Provide an update and accurate list of Adult Allies. **DUE: QUARTERLY**
- Participate with youth in at least one capacity building session a year that is sponsored or approved by the Voice Hubs or ITPC. **DUE: JUNE 30, 2010; JUNE 30, 2011**
- Participate in at least one of the following ITPC generated statewide initiatives each year:
  - Statewide Voice Youth Summit
  - Regional Voice Activism Event
  - ITI Summer Institute

**DUE: JUNE 30, 2010; JUNE 30, 2011**

## **PRIORITY AREA: INCREASE PROPORTION OF HOOSIERS NOT EXPOSED TO SECONDHAND SMOKE**

### **INDICATOR 4:**

**Proportion of tobacco free campus policies for hospitals, health care centers, community mental health centers and clinics**

### **INDICATOR 5:**

**Proportion of smoke free policies and local ordinances for worksites, including restaurants, bars and gaming facilities**

### **INDICATOR 7:**

**Proportion of school districts with tobacco-free campuses**

### **INDICATOR 8:**

*(ONLY FOR COMMUNITIES THAT HAVE PASSED A SECONDHAND SMOKE WORKPLACE ORDINANCE)*

**Proportion of smoke-free policies for multi-unit dwellings**

### **INDICATOR 9:**

**Extent of tobacco control policies on university/college campuses. This includes indoor and outdoor spaces such as student housing, classroom buildings, and athletic facilities**

### **Contract requirements for Indicators 4-9:**

- If your community has a hospital, community health care center and/or community mental health center that does not have a tobacco free campus policy, the coalition **must** work on Indicator 4.
- If your community has a school system that does not have a tobacco free campus policy, the coalition **must** work on Indicator 7. If none of the school districts in the county have a tobacco free campus policy at last one school district per year must participate in the IHSAA Role Model program.
- If your community has passed a secondhand smoke workplace ordinance the coalition **may** work on Indicator 8.
- Use the model policies provided by ITPC.
- Agree to the Fundamentals of Smoke Free Air Policy Form.

**Contract Deliverables for Indicators 4:**

- Conduct at least one presentation per year on tobacco free health care campuses to decision-making bodies within a health care facility (i.e. Physician Board, Hospital Board, Mental Health Board, Board of Directors, etc). **DUE: JUNE 2010 AND JUNE 2011**
- Conduct an implementation strategy meeting to offer resources including the Indiana Tobacco Quit Line to health care facilities. **DUE WITHIN FOUR WEEKS OF POLICY PASSING**

**Contract Deliverables for Indicator 5:**

- Complete the community readiness profile before beginning a community-wide secondhand smoke campaign. **DUE: SEPTEMBER 30, 2009**
- Provide ITPC a copy of community smoke free air ordinance. **DUE: UPON AVAILABILITY**

**Contract Deliverables for Indicator 7:**

- Conduct at least one presentation per year to the school board, school principals, and/or assistant principals. **DUE: JUNE 2010 AND JUNE 2011**
- Conduct an implementation strategy meeting to offer resources including the Indiana Tobacco Quit Line to school administrators. **DUE WITHIN FOUR WEEKS OF POLICY PASSING**
- Nominate the school district for the Gary Sandifur Award within 3 months after the school policy passes. **DUE WITHIN 3 MONTHS OF SCHOOL POLICY PASSING**

**Contract Deliverables for Indicator 8:**

- Create and organize a smoke-free housing subcommittee. **DUE: SEPTEMBER 2009**
- Conduct an assessment of all of the current policies regarding smoking in multi-unit dwellings and develop a written work plan. **DUE: DECEMBER 2009**
- Identify and recruit at least three residents who are exposed to secondhand smoke in their unit and want to pursue policy change. **DUE: SEPTEMBER 2009**
- Conduct at least one key informant interview each with the property owner/manager and/or the executive director of the housing agency. **DUE: MARCH 2010**
- Conduct at least one presentation to community residents and/or the public housing authority board. **DUE: MARCH 2010**

**Contract deliverables for Indicator 9:**

- Identify and recruit a team of students, staff and faculty who want to pursue a policy change. **DUE: DECEMBER 2009**
- Create and maintain a written plan for a tobacco free campus with the policy team. **DUE: APRIL 2010**
- Conduct at least one key informant interview each with University Leadership (i.e. President/Dean of Students) and the highest ranking member of the student-led government. **DUE: DECEMBER 2009**
- Conduct at least one presentation per year on tobacco free campuses to decision-making bodies within the university (i.e. student government; university trustees). **DUE: JUNE 2010 AND JUNE 2011**
- Conduct an implementation strategy meeting to offer resources including the Indiana Tobacco Quit Line to university leadership. **DUE WITHIN FOUR WEEKS OF POLICY PASSING**

## **PRIORITY AREA: DECREASE INDIANA ADULT SMOKING RATES**

### **INDICATOR 11:**

**Extent of the promotion of the Indiana Tobacco Quitline to the community**

#### **Contract requirements for Indicator 11:**

- ITPC will no longer fund community cessation classes.
- Complete or update Health Provider Assessment Form

#### **Contract deliverables for Indicator 11:**

- Develop a marketing/promotion plan to increase awareness to the Indiana Tobacco Quitline. **DUE: SEPTEMBER 30, 2009**
- Document a steady increase in the number of calls from the county to the Indiana Tobacco Quitline. **DUE: MONTHLY**
- Hold face-to-face meetings with healthcare providers who serve pregnant women to promote the Indiana Tobacco Quitline 10-call protocol and 5 A's. Target number is determined by the coalition. **DUE: QUARTERLY**
- Submit a feature story to local news media on a quit success every 6 months. **DUE: QUARTERLY**
- Complete an online survey for cessation providers in your county for the Indiana Tobacco Quitline. **DUE: SEPTEMBER 30, 2009; SEPTEMBER 30, 2010**



## **INDICATOR 12:**

**Proportion of health care providers and health care systems that have fully implemented the 2008 Clinical Practice Guideline for Treating Tobacco Use and Dependence**

### **Contract Deliverables for Indicator 12:**

- Hold on-site assessment and training meetings with health care providers, institutions and practices. Target number to be determined by coalition. Use “An Action Guide” from Partnership for Prevention® and CDC. **DUE DATE: QUARTERLY**
  - **Training should include the following components of the PHS Guideline:**
  - Provide healthcare institutions instruction on identifying tobacco users at each patient encounter. Assist health care providers in creating or improving on a reminder system that specifically identifies tobacco users.
  - Identify reminder system responsibilities for appropriate health care personnel.
  - Provide training on effective methods of conducting brief intervention with tobacco users.
  - Assist facility in adopting a policy that requires patients to be informed about tobacco use treatment
  - Educate on state’s Medicaid benefits.
- Provide resources for health care providers and health care systems on the Indiana Tobacco Quitline to increase the number of calls to the Indiana Tobacco Quitline. Document the increase in calls. Target number to be determined by coalition. **DUE: QUARTERLY**
- Attend at least one statewide training on providing technical assistance to health care institutions and providers regarding the design, implementation and use of systems to identify tobacco users at each patient encounter. (Trainings scheduled for April 22, 2009 and October 21, 2009.) **DUE: DECEMBER 31, 2010**

**INDICATOR 13:**

**Proportion of worksites that provide employer-sponsored cessation support for employees who use tobacco**

**Contract Deliverable for Indicator 13:**

- Provide written plan for distributing resources on the Indiana Tobacco Quitline to employers in the county. Target number to be determined by coalition. **DUE: QUARTERLY**
- Make at least ten (10) employer presentations that address one or more of the following topics: Why employers should offer benefits for tobacco use treatment; Indiana Tobacco Quitline resources for its employees; and the benefits of a tobacco-free policy. **DUE: JUNE 30, 2010; JUNE 30, 2011**
- Maintain a database of employers that have a tobacco-free workplace policy. (See Top Employer Form in Resources) **DUE: JUNE 30, 2010; JUNE 30, 2011**

## **PRIORITY AREA: PROTECT AND MAINTAIN A STATE AND LOCAL INFRASTRUCTURE NECESSARY TO LOWER TOBACCO USE RATES**

### **INDICATOR 14:**

#### **Extent of participation by partners within the broad-based coalition**

#### **Contract requirements for Indicator 14:**

- Outline a coalition development and/or maintenance plan that involves participation from all sectors (education, health care, civic, faith, business, and youth) of the community.
- Develop communication channels and outreach between the coalition and:
  - Local health department
  - Hospital and local health clinics
  - Community health center
  - Community mental health center
  - Purdue Cooperative Extension and other INShape Indiana partners
  - Asthma and diabetes educators
  - Each school district
  - State policymakers
  - Head Start centers

#### **Contract deliverables for Indicator 14:**

- Conduct at least one face-to-face meeting or key informant interview with a prospective coalition member (Focus on groups missing from your coalition-refer to Coalition Assessment Form). **DUE: QUARTERLY**
- Create a quarterly calendar of regularly scheduled coalition meetings and events. **DUE: QUARTERLY**
- Recognize coalition members for their hard work and accomplishments each year. **DUE: JUNE 2010 AND JUNE 2011**
- Conduct annual meetings with legislators educating them on your local program and the burden of tobacco on Indiana. **DUE: DECEMBER 31, 2009 and DECEMBER 31, 2010**
- Conduct adult-focused presentations on tobacco use and secondhand smoke to internal and external partners including coalition members, prioritized organizations and key decision makers in the community. **DUE: QUARTERLY**
- Complete Communication Plan and Media Advocacy Plan Forms. **DUE: SEPTEMBER 30, 2009**

**INDICATOR 15:**

**Extent of participation by groups representing disparately affected (i.e. hard to reach) populations in the community.**

**Contract requirements for Indicator 15:**

- Must identify and recruit organizations that work with women of childbearing age and pregnant women.
- Must conduct outreach to Head Start families, center and staff and identify and recruit organizations that work with Head Start families. (Starts in 2010)
- Must conduct outreach, identify and recruit organizations that work with disparately affected groups to fill coalition gaps and to work on anti-tobacco activities in one or more of the following institutions:
  - Faith-based community
  - Employers in blue collar and service industries
  - Young adult minority men
  - GED participants
  - Community Health Centers  
[http://www.in.gov/isdh/files/CHC\\_and\\_maps\\_GIS\\_08.pdf](http://www.in.gov/isdh/files/CHC_and_maps_GIS_08.pdf)
  - Community Mental Health Centers
  - Career Centers/Work One Centers  
<http://www.in.gov/dwd/WorkOne/regions.html>
  - Alternative school youth
  - Lesbian, Gay, Bisexual and Transgender community (LGBT)
  - Individuals without health insurance and lack access to health care

**Contract deliverables for Indicator 15:**

- Hold face-to-face meetings with health care providers that serve women of childbearing age and/or pregnant women to promote the Indiana Tobacco Quitline and 5As. The target number is to be determined by coalition and is based on Health Provider Assessment Form. **DUE QUARTERLY**
- Utilize Head Start toolkit as instructed (toolkit and training to be provided by ITPC) **DUE JUNE 2011**
- Conduct key informant interviews with the local Head Start center director. (Refer to the following website for additional information:  
<http://www.in.gov/fssa/dfr/3290.htm> ) **DUE: SEPTEMBER 30, 2010**

## APPLICATION CHECKLIST

APPLICATION SECTION	COMPONENTS	COMPLETED
<b>Administration</b>	Cover Sheet	<input type="checkbox"/>
	Work Plan Progress Form	<input type="checkbox"/>
	Lead Agency Profile Form	<input type="checkbox"/>
	Paid Media Agreement Form	<input type="checkbox"/>
	Fundamentals of Smoke Free Air Policy Agreement Form	<input type="checkbox"/>
	Job description of program coordinator	<input type="checkbox"/>
<b>Coalition Assessment</b>	Coalition Assessment Form	<input type="checkbox"/>
	Summary of Coalition Partner Organizations Form	<input type="checkbox"/>
	Coalition Partner Profile Forms <i>(Completed by each coalition partner)</i>	<input type="checkbox"/>
	Copy of tool used to recruit potential coalition members	<input type="checkbox"/>
	List of coalition meetings to be held 2009-2011	<input type="checkbox"/>
<b>Cessation Systems Change</b>	Health provider assessment Form	<input type="checkbox"/>
<b>SFY 2010-2011 Work plan</b>	Work plan forms	<input type="checkbox"/>
	Voice Assessment Form <i>(if selecting indicator #2)</i>	<input type="checkbox"/>
	Voice Adult Ally Profile Forms <i>(if selecting indicator #2)</i>	<input type="checkbox"/>
<b>Budget</b>	Budget Worksheet Form	<input type="checkbox"/>
	Budget Narrative Form	<input type="checkbox"/>
	Audited financial statements, if applicable	<input type="checkbox"/>
	ITPC Declarations Form-signed	<input type="checkbox"/>
	W-9	<input type="checkbox"/>
	Direct deposit form-State Form	<input type="checkbox"/>

# Application Forms

**Tobacco Prevention and Cessation Program**  
July 2009–June 2011

<b>Application Cover Sheet</b>
--------------------------------

**Application for Local Community-Based Partnerships**  
**OR**  
**Application for Local Minority-Based Partnerships**

<b>Lead Agency Information</b>
--------------------------------

Lead Agency Name:  
County:  
Lead Agency Contact, Director or CEO:  
Address:  
City: Zip Code:  
Telephone:  
Fax:  
Email:  
Federal Identification Number:  
  
Signature of Lead Agency Contact:

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<b>Primary Contact Information</b>
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Primary Contact to ITPC:  
Primary Contact Address if different from above:  
City: Zip Code:  
Telephone:  
Fax:  
Email:  
  
Signature of Primary Contact:

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**Primary Contact Supervisor Information –  
Lead Agency Employee**

Primary Contact's Direct Supervisor:  
Supervisor Address if different from above:  
City: Zip Code:  
Telephone:  
Fax:  
Email:

Signature of Primary Contact's Direct Supervisor: \_\_\_\_\_

**Lead Agency Financial Contact Person  
Information – Lead Agency Employee**

Lead Agency Financial Contact Person:  
Address if different from above:  
City: Zip Code:  
Telephone:  
Fax:  
Email:

Signature of Lead Agency Financial Contact Person: \_\_\_\_\_

**Proposal Information**

Specify the indicators selected in the work plan:

Total Funding requested \$



## **Section 1: Administration**

This section outlines the accomplishments of the coalition during the current grant period (SFY 2008-2009). Be succinct but demonstrate success. The applicant should focus on the work toward indicators in the four priority areas and any policy and social norm changes that have occurred.

Forms to complete in this section:

- Cover Sheet
  - Work Plan Progress And Goals Form
  - Lead Agency Profile Form
  - Paid Media Agreement Form
  - Fundamentals of Smoke Free Air Policy Agreement Form
  - Job description for all persons paid through ITPC grant
- 
- Please review the policy lists for schools, hospitals, mental health centers, colleges and universities and smoke free communities listed on the ITPC website (<http://www.in.gov/itpc/2333.htm>) for accuracy. Provide any revisions or updates.

## Work Plan Progress Form

Under each priority area below, list the objectives written in the coalition work plan for only those indicators included in the 2008-2009 approved work plan.

For each objective, describe *accomplishments* OR the *significant steps taken by the coalition over the past two years to accomplish the goals outlined in the previous work plan.*

<b>Priority Area: Decreasing Youth Smoking Rates</b>	
Ind. 1 -	
Ind. 2 -	
<b>Priority Area: Increasing Proportion of Hoosiers not Exposed to Secondhand Smoke</b>	
Ind. 4 -	
Ind. 5 -	
Ind. 7 -	
Ind. 9 -	
<b>Priority Area: Decreasing Adult Smoking Rates</b>	
Ind. 11 -	
Ind. 12 -	
Ind. 13 -	

**Priority Area: Protect and Maintain State and Local Infrastructure Necessary to Lower Tobacco Use Rates**

Ind. 14. -

Ind. 15 -

**What are the coalition's priorities for the next two years?**

*List three realistic priorities. Be very specific in describing in detail what your coalition plans to accomplish by 2011*

1.

2.

3.

## **Lead Agency Profile Form**

1. Agency Name:
2. Federal Identification Number:
3. County:
4. Agency Address:
5. Telephone Number:
6. Fax Number:
7. Contact Person at Lead Agency:
8. Contact Person's Title:
9. Contact Person's Email:
10. Financial Contact Person at Lead Agency:
11. Financial Contact Person's Title:
12. Financial Contact Person's Email:
13. Financial Contact Person's Telephone Number:
14. Financial Contact Person's Fax Number:
15. Describe the rationale for the selection of the Lead Agency. This description should include the Lead Agency's ability and flexibility in serving as an effective leader for policy-focused interventions.
16. Provide a brief history of the agency, including the agency's role in the community and its role with the coalition.

17. Describe the Lead Agency's role in coordinating the development of the proposed work plans. Include information on the means by which the Lead Agency will assure that the activities and outcomes of the program will be accomplished, and any areas of anticipated difficulty for the Lead Agency.

18. Is there a coordinator for this program?        ☐ Yes    ☐ No

19. If no, please describe the process by which the agency will hire a coordinator for this grant project.

20. Describe how the program is to be organized, staffed and managed. Include the following:

- a. An organizational chart indicating where the staff for this project will be placed
- b. The job description for the coordinator of this program
- c. To whom does the coordinator report to within the Lead Agency
- d. List the normal working hours for the Coordinator and any other staff paid through this grant.

21. Does the Lead Agency accept funds or other resources from any tobacco company, any of its subsidiaries or parent company?    ☐ No    ☐ Yes: please describe

22. Does the Lead Agency provide insurance coverage or other support for tobacco dependence treatment (smoking cessation) for employees? \_\_\_\_ No \_\_\_\_ Yes: please describe

23. Attach a copy of the Lead Agency tobacco-free policy.

24. Please acknowledge each of the Lead Agency responsibilities listed below by placing a check mark or "x" on the line. As fiscal agent, the Lead Agency must:

**Financial Capabilities**

- \_\_\_\_\_ Serve as fiscal officer for the grant
- \_\_\_\_\_ Have a Federal Identification Number. In order to receive grant funds, the Federal Identification Number must be registered to the Lead Agency.
- \_\_\_\_\_ Submit Quarterly Fiscal and Program Reports by due dates
- \_\_\_\_\_ Respond timely to periodic information requests
- \_\_\_\_\_ Register with the Indiana Secretary of State
- \_\_\_\_\_ Fulfill the terms of the contract
- \_\_\_\_\_ Establish a separate account or ledger for grant funds
- \_\_\_\_\_ Participate in monitoring engagement with the State Board of Accounts (paid for by ITPC)
- \_\_\_\_\_ Conduct an audit to be paid by grant recipient (if required by law)
- \_\_\_\_\_ Additional financial information may be requested from all applicants

**Programmatic Capabilities**

- \_\_\_\_\_ Participate actively in the preparation of the work plan
- \_\_\_\_\_ Actively participate in the coalition, with representation from the Lead Agency other than the coalition coordinator
- \_\_\_\_\_ Demonstrate collaborations with other key partners in the preparation of the work plan
- \_\_\_\_\_ Agree To serve as the key contact point for required reporting to ITPC
- \_\_\_\_\_ Ensure that the partnership is represented at partner meetings, trainings, conference calls, cluster meetings, community assessments, preparation of part 1 and part 2 of this request for application
- \_\_\_\_\_ Assure that all grant-related staff (coalition coordinator) participate in all training events
- \_\_\_\_\_ Minimum standards for electronic communication
- \_\_\_\_\_ Participate in all evaluation and accountability activities
- \_\_\_\_\_ Participate in Youth Tobacco Survey data collection and dissemination of results
- \_\_\_\_\_ Provide in-house employee to serve as immediate supervisor to the tobacco coordinator

**Coalition Capabilities**

- \_\_\_\_\_ Assure that a qualified coalition coordinator is employed full or part time to this grant program. Additional staff may be hired based on the needs of the coalition
- \_\_\_\_\_ Assure that resources are available for the coalition. That may include meeting accommodations and notices, logistical assistance, etc.
- \_\_\_\_\_ Assure that a communication mechanism is developed and maintained to keep coalition members informed of activities and events
- \_\_\_\_\_ Assume that the coalition's member organizations are provided opportunities to develop specific experience in tobacco prevention and cessation interventions

**Director of the Lead Agency**

Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed or Typed Name and Title

## Paid Media Agreement Form

The ITPC program provides an appropriate means of consistently identifying the parent brand Indiana Tobacco Prevention and Cessation. There are four distinct brands:

- WhiteLies.tv
- Voice.tv
- Take Note
- Indiana Tobacco Quit Line

Proper use of these brands allows for a consistent message and enhances the use of ITPC funds. All elements used in paid media must use the ITPC program identity. The brand identity standards are outlined in the *2004 ITPC Advertising and Media Advocacy Guide*.

All paid media must be approved by ITPC prior to placement. The Lead Agency bears the responsibility for any and all costs related to all paid media developed and/or placed without approval of ITPC.

Director of the Lead Agency

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Fundamentals of Smoke Free Air Policy Agreement Form

The ITPC Executive Board with several public health organizations have established recommended guiding principles for developing and implementing effective smoke free policies that help achieve the goal of saving people's lives from the disease and death caused by secondhand smoke. These guidelines have been excerpted and adapted from a publication called "Fundamentals of Smokefree Workplace Laws," a smoke free air policy document that was collaboratively formulated by tobacco control partners at the national level. The principles are considered "best policy practice" for smoke free air policies and are based on the experiences and lessons learned from tobacco control advocates throughout the country over several decades.

All ITPC grantees must agree to promote the *Fundamentals for Smoke Free Air Policy for Hoosier Communities* and advocate only for a comprehensive policy that protects all workers.

### Coordinator

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Coalition Chairperson

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Section 2: Coalition Assessment**

**The Coalition Assessment section addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation.**

**The applicant is required to describe the coalition's partner organizations. Each coalition member and partner is required to complete a profile. The coalition may also demonstrate structure by attaching bylaws or guidelines for operation, sample meeting minutes, and the list of meeting dates held from 2008.**

**A significant portion of this section is devoted to identifying and assessing the disparately-affected population groups in the community and describing the collaboration between the community and minority-based partnerships, where applicable.**

Forms to be completed in this section:

- Coalition Assessment Form
- Summary of Coalition Partners Form
- Coalition Member/Partner Profile Form (completed by each coalition member)

Attachments to be included from this section:

- Schedule of coalition meetings during the 2009-2011 grant cycle
- A copy of the tool used to recruit perspective members of the coalition

## **Coalition Assessment Form**

This section of the application addresses how the coalition plans to build and maintain a partnership across diverse sectors of the community in order to build a broad base of support for social norm changes related to tobacco prevention and cessation.

### **Membership**

1. Describe the coalition's structure and the responsibilities of each level of membership. (number in attendance, number in database, frequency of meetings, formal positions – chair, vice-chair, primary organizations represented)
2. Describe leadership in the coalition, including selection of goals, events, and activities.
3. Describe how the coalition mobilizes large numbers of people for community events, give an example with numbers.
4. Provide a list of the standing committees or work groups.

### **Diversity of Coalition**

5. Describe the area of greatest growth in the diversity of the coalition during the 2008-2009 grant cycle.
6. What gaps exist in current coalition membership that must be filled to impact tobacco control in the community?
7. Describe an example of extensive collaboration in the past between the coalition and the minority/community-based partner on an initiative (if applicable).

## Reaching Disparately Affected Populations

8. Summarize your top three accomplishments in reaching disparately affected populations during the 2008-2009 work plan:
  - a.
  - b.
  - c.
9. For the 2009-2011 workplan, identify and list one additional disparately affected population (ie. less than high school education) in the community and groups that work with these populations.

Disparately Affected Populations	Groups in the community that work with these populations
<b>Head Start families</b>	Head Start,
<b>Pregnant women who smoke</b>	
<b>Minority males</b> <i>(required for minority coalitions)</i>	

10. What are your objectives for these disparately affected population groups in the upcoming work plan? *These objectives and the steps to reach them should be outlined in the work plan in Intervention Area #15.*

## Management Plan

1. Outline, in detail, the coalition's written process for selection of contractors, subcontractors or mini-grant recipients.

2. Describe the coalition's current accountability process for monitoring subcontracts and mini-grant recipients.

- a. How often do these groups report back to the coalition their progress?  
(Quarterly, monthly, etc.)
  
- b. Do they submit progress reports in writing or verbal communication?
  
  
- c. Describe how activities completed by the subcontractors and mini-grantees will be accounted for in the coalition's quarterly report submitted to ITPC.

## Summary of Coalition Partners Form

Please provide a list of partner organizations by sector.

- Education
- Health Care
- Faith
- Civic
- Business
- Youth
- Other

TOTAL NUMBER OF PARTNER ORGANIZATIONS \_\_\_\_\_

## Partner Profile Form

**MUST BE COMPLETED BY EACH PARTNER ORGANIZATION IN COALITION**

1. Organization Name:	
2. Representative Name:	
3. Organization's Address:	
4. Representative's Phone:	
5. Representative's E-mail:	
6. Type of Partner:	<input type="radio"/> Coalition Member <input type="radio"/> Sub-Contractor <input type="radio"/> Mini-grantee <input type="radio"/> Community Partner
7. Type of Organization	<input type="radio"/> Education <input type="radio"/> Healthcare <input type="radio"/> Faith <input type="radio"/> Civic <input type="radio"/> Business <input type="radio"/> Youth
10. Population(s) served and/or represented:	
11. Length of Partnership	_____ Month(s) _____ Year(s)
12. How often is your organization represented at coalition meetings and events?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Occasionally
13. How often is your organization involved in planning and implementing coalition activities?	<input type="radio"/> Most of the time <input type="radio"/> Some of the time <input type="radio"/> Rarely
14. Does your organization have a written tobacco free grounds policy?	<input type="radio"/> No <input type="radio"/> Yes
15. Does your organization accept funds or other resources from any tobacco company, any of its subsidiaries, or parent company?	<input type="radio"/> No <input type="radio"/> Yes (please describe):
17. Does your organization provide insurance coverage or other support for tobacco dependence treatment (smoking cessation) for employees?	<input type="radio"/> No <input type="radio"/> Yes (please describe):





### **Section 3: Cessation Systems Change**

“For smoking cessation intervention to impact a large number of tobacco users, it is essential that clinicians and health care delivery systems institutionalize the consistent identification, documentation and treatment of every tobacco user seen in a health care setting.” US Public Health Service (PHS) Clinical Practice Guideline for Treating Tobacco Use and Dependence, 2008.

ITPC is adjusting its approach to cessation by concentrating on the basic components of the US Public Health Service (PHS) Guideline for Treating Tobacco Use and Dependence:

- Increase the number of calls to the Indiana Tobacco Quitline from your county.
- Increase the number of inpatients and outpatients who are counseled about tobacco use treatment while experiencing a visit
- Increase the number of fax referrals to the Indiana Tobacco Quitline from health care providers in your county
- Increase the number of employers who offer benefits for tobacco use treatment and communicate and promote the benefits and opportunities to stop using tobacco to employees

The deliverables for Indicators #11, #12, and #13 reflect the shift in the approach to cessation.

Use the *Healthcare Provider Reminder Systems, Provider Education and Patient Education - Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients: AN ACTION PLAN* to write the work plan for Indicators #11, #12, and #13.

ITPC will no longer fund community cessation classes.

Forms to complete in this section:

- Health Provider Assessment Form

## Health Provider Assessment Form

Please complete the following information regarding health care providers in the county. Use this data in your work plan.

<b>How many ob/gyns are in your county?</b>				<b>How many family practice physicians are in your county?</b>			
<b>List the five physician network systems in your county.</b>							
Name	Address	City	Zip Code	Phone	Fax	Is their campus tobacco free?	Do they refer patients to the:
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services

<b>List all community health centers in your county?</b>							
Name and Director	Address	City	Zip Code	Phone	Fax	Is their campus tobacco free?	Do they refer patients to the:
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services

  

<b>Who is the key person within your local health department that provides services for pregnant women?</b>							
Name	Address	City	Zip Code	Phone	Fax	Is their campus tobacco free?	Do they refer patients to the:
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services

  

<b>List the three largest community mental health centers or mental health service providers in your county?</b>							
Name and Director	Address	City	Zip Code	Phone	Fax	Is their campus tobacco free?	Do they refer patients to the:
							<input type="checkbox"/> Indiana Tobacco Quit line <input type="checkbox"/> Local cessation services

#### **Section 4: 2009-2011 Work Plan**

Please complete a work plan form for each indicator your coalition chooses to work on. You must type in the ITPC Priority Area as these vary by indicator. Use as many forms as needed.

Forms to complete in this section:

- Work Plan Forms – You must type in the ITPC Priority Area and Community Indicator. Each Work Plan Form must be signed by a representative of the Lead Agency, the Coordinator and a representative of the coalition.

If coalition submits a work plan for Indicator #2:

- Youth Support for Voice Work Plan Form
- Voice Assessment Form
- Adult Ally Profile Form

## Intervention Area:

<b>Community Indicator: (one indicator per sheet)</b>						<b>Indicator Number:</b>						
<b>SMART Objective for indicator:</b>												
<b>Indicator status (Baseline measurement for this indicator):</b> <b>Please list how you measured this indicator, include data source:</b>												
Activities by Strategy Area					Partner Organization(s) Responsible for Tasks including potential subcontractors	Date of activities						
					SFY 2010		SFY 2011					
					CY 2009		CY 2010		CY 2011			
					Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Identify and recruit partners/Training •												
Public Awareness/Community Education •												
Media Advocacy •												
Policy Advocacy •												
Enforcement/Compliance •												
Data Collection •												
Supplemental Funding •												
Contract Deliverables for this indicator are:												

I have read the work plan:

Lead Agency Representative: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Coalition Representative: \_\_\_\_\_

## Form V - Voice Assessment Indicator #2

- ☐ Ongoing Voice movement
- ☐ New Voice movement

1. Name, Phone and Email of the primary adult responsible for overseeing Indicator #2 in your work plan.	
2. Name of at least three adult allies currently working with your Voice effort. If this is a new Voice effort, names of at least three adults within your community who are committed to supporting the youth involved in Voice.  <b><i>These individuals should complete Form X, Adult Ally Profile.</i></b>	
3. Number of youth enrolled in public high schools in your county.	
4. Number of youth enrolled in public middle schools in your county.	
5. Number of youth involved directly in communicating VOICE brand and message.	
6. List local school newspapers and school radio stations.	
7. Name three major events that are held in your community annually. (i.e. Strawberry Festival)	

8. List 10 potential youth or youth serving organizations who could be partners for Voice.	
9. Names of youth organizations and/or schools currently involved in your local VOICE movement.	

## **Youth Support for Voice Work plan Form**

### ***Indicator #2***

As a youth representative of my community, I am committed to further developing VOICE to my friends and peers with the support of our adult allies to better the lives and health of those in our community.

<b>Printed or Typed Name</b>	<b>Signed Name</b>	<b>Organization Represented</b>



## Voice Adult Ally Profile Form *Indicator #2*

- ☐ This form should be completed by adult allies that are working directly with youth in addition to the youth coordinator of the coalition. A minimum of three adult ally forms should be completed. Please feel free to add more, however.
- ☐ If you do not have at least three adult allies, indicate three individuals you plan to recruit for this role and outline your recruitment and training plan in the coalition's work plan for Indicator #2.

1. Adult Ally Name:	
2. Organization:	
3. Address:	
4. Phone:	
5. E-mail:	
6. Youth Served:	<input type="radio"/> _____ Active <input type="radio"/> _____ Potential Direct Reach <input type="radio"/> _____ Potential Indirect Reach
7. Type of Organization	<input type="radio"/> School- Middle <input type="radio"/> School- High <input type="radio"/> School- Middle/High Combined <input type="radio"/> Faith-Based <input type="radio"/> SADD <input type="radio"/> DECA <input type="radio"/> FFA <input type="radio"/> Boys & Girls Club <input type="radio"/> YMCA <input type="radio"/> YWCA <input type="radio"/> 4-H <input type="radio"/> Other Community Youth Serving Organization- List Name
8. How often do youth meet to plan Voice events or activities?	
9. Does your organization accept funds or youth prevention materials from any tobacco company, any of its subsidiaries, or parent company?	<input type="radio"/> No <input type="radio"/> Yes (please describe):

- I have read and understand the Voice requirements and agree to notify the Voice Director and my Hub Coordinator one week prior to all Voice events.
- I agree to submit the Voice Event Report to ITPC within ten days of the event.
- I agree to attend the Adult Ally ½ day training in 2009 or 2010.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Section 5: Budget**

The section describes the operation costs to continue tobacco control programming through June 30, 2011.

Forms to be completed in this section:

- Budget Worksheet Form
- Budget Narrative Form

NOTE: The Regional Director must approve your budget through the normal process of approval (regional director and Contract Administrator) before the budget is official. The Regional Director must also approve all subcontracts and/or mini-grants even when they are submitted as a part of this application. Therefore, approval of the work plans and budget does not automatically approve the subcontracts and/or mini-grants.

Attachments include in this section:

- Audited financial statements, applicable for all non-governmental entities
- ITPC Declarations Form
- W-9
- Direct deposit slip

**Reminder:** Provide a written Job Description for all positions funded through this grant. Submission of a resume' does not replace the job description requirement. Submit a job description for any position added through budget amendment.

## BUDGET EXPLANATION

### Description of Budget Line Items

The following line items should be included if applicable. Use the budget form provided or a similar format. Explanation of budget items must be submitted on a separate page or incorporated into a budget form.

#### **1. Personnel**

##### **a. Salaries and Wages**

For each staff position proposed, include the title of the position, percentage of time (FTE), annual salary, and number of months salary requested, and a summary of the job description or responsibilities. Staff position(s) paid by community- or minority-based partnership funds must be dedicated only to tobacco use prevention activities approved in the work plan. Full-time employees may not have a full-time position outside of the ITPC grant.

Tobacco programming activities must occur during the calendar quarter for which the staff is being paid salaries and wages. Paid staff must document hours worked and summarize activities performed on a daily log. Salaries and wages paid to staff must be for hours worked in the same calendar quarter and evidenced by the daily log.

Salary and wage increases for staff are effective only after an individual has worked toward approved plan goals for more than 12 months. A cap on annual salary increases is limited to the consumer price index – all urban consumers, as published by the U.S. Department of Labor, Bureau of Labor Statistics Data ([www.bls.gov](http://www.bls.gov)) or 3% of the current approved salary and wages, whichever percentage is less. Please apply the percentage, not to exceed the 3% limit, as applicable, by checking the year and month that corresponds with the one-year anniversary of the staff person in question. Please remember that the earliest date staff could have been actively employed is the date of the final signature on the grant contract. The final signature date is the date the contract is considered fully executed.

##### **b. Fringe Benefits**

For each position, indicate the rate and compute the amount charged for fringe benefits usually and customarily provided by the Lead Agency for employees. ITPC grant funding cannot be used to provide benefits in excess of those normally and customarily offered to all employees. If the Lead Agency does not provide fringe benefits to all employees, ITPC grant dollars cannot be used to provide benefits not normally and customarily offered. Please refer to the human resources department of your Lead Agency for guidance on this budget line item.

#### **2. Travel**

Expenditures for travel will be limited to the rate customarily paid by the agency or the current rate being paid by the State of Indiana, whichever is the lesser. A chart summarizing the maximum reimbursement amounts from the State of Indiana's, Financial Management Circular No. 97-1.1 effective

March 1, 1997, revised July 2008, is included for reference with Form 0 - Budget Worksheet.

**a. In-state or Out-of-state Travel**

Expenses incurred to attend tobacco use prevention and cessation trainings, conferences and meetings in state are appropriate. Out-of-State travel must be pre-approved in writing by ITPC. Please submit written request to primary contact at ITPC prior to travel. Present the following for each event: Description of the event or conference; rationale for attending (this should connect directly to the partnership's vision and program activities); anticipated follow-up from the event after you return to the community; budget estimate (travel, lodging, meals, registration fees, other expenses.)

**3. Supplies**

Supplies may include: office supplies or meeting supplies, including those supplies not specifically excluded. The purchase of tobacco use prevention educational supplies should be consistent with the goals and objectives of the Tobacco Use Prevention and Cessation Executive Board. Include a narrative justification outlining the intended use and incorporation of the supplies into the local program. **Giveaways, prizes, incentives and other similar items are not considered supplies and must be pre- approved. Submit a written request to your primary contact at ITPC for consideration prior to approval.**

**4. Contractual**

Descriptions of contracts for program activities must be included along with budget information. (Contracts for administrative activities such as out of agency printing, or professional accounting services, etc., do not need to be described.) Legal professional services to be secured from outside of the unit need to be secured by contract. Legal services **must** be pre-approved by ITPC.

On the budget form or on another page describe for each contract the following information: 1) scope of work including tasks and deliverables, 2) time period of the contract, 3) person in the agency who will supervise or manage the sub-contract, 4) name of the contractor or, if not yet known, what method will be used to select the contractor, e.g. bids, request for proposals, mini-grants, sole source, etc. 5) amount or budget for the contract , 6) process for contractor to secure payment, 7) how the contract will be supervised, managed, or otherwise monitored by Lead Agency.

The subcontract / mini-grant agreement formats provided by the Tobacco Prevention and Cessation Agency should serve as a boilerplate to collect at minimum information on subcontractors or mini-grantees. If additional space is needed to explain the details of a contract please attach and reference these documents within the body of the subcontract or mini-grant agreements. The boilerplate contract documents provided are not intended to be the sole source of information for executing a contract for goods or services.

**5. Other**

This category can include costs for items such as telephone, rent, copying, printing, postage, mailing, publications, and public and professional education costs. If the agency or organization has an approved indirect cost plan, costs may not be included in the **Other** category if they are included in the indirect charge.

Rent to be paid for space for tobacco prevention and cessation programming activities cannot exceed the fair market value for the space. Document how the rental expense was determined and retain this documentation in the records.

Cell phone expense paid from tobacco grant funds must be for calls to conduct tobacco prevention and cessation business. To be reimbursed for cell phone calls, the grantee must have an approved line item in the budget for cell phone expense and provide itemized billing receipts with tobacco prevention and cessation phone calls highlighted. The reimbursement can only be for the calls to conduct tobacco prevention and cessation business. No reimbursement will be issued for cell phone expenses without itemized billing for calls that can be documented for tobacco prevention and cessation activities. To direct pay a vendor for cell phone expenses you must have itemized billings, highlight the calls for tobacco grant programming activities and only pay for the calls that are for tobacco grant programming activities. If you contract for a flat fee for cell phone expenditures, you must still get itemized billing, highlight the calls that are for tobacco programming activities and calculate the percentage of the total expense that was incurred to conduct tobacco grant programming activities. Only charge the tobacco grant for the percentage of tobacco grant program calls applicable.

**6. Paid Media**

Advertising and communication media must utilize the media campaign imaging and the common messages developed by the Indiana Tobacco Use Prevention and Cessation Executive Board. Advertising and communication expenses for paid media cannot exceed 15% of the total grant amount awarded. **All paid media must be approved by ITPC prior to placement. The Lead Agency is responsible for any and all costs related to paid media placed without approval of ITPC.**

**7. Furniture and Equipment**

Office furniture, equipment and computer/software upgrades, are allowable, provided they are reasonable expenditures relative to the work proposed and were not purchased in a previous year. All equipment purchased with grant funds, which cost \$500 or more, shall remain the property of the Indiana Tobacco Prevention and Cessation Agency and shall not be sold or disposed of without written consent from the Indiana Tobacco Prevention and Cessation Agency. All office furniture, equipment and computer/software upgrades purchased which cost \$500 or more must be listed on a fixed assets listing, see sample document in appendix.

## 8. Indirect Charges

Indirect charges will vary according to need and are payable to the Lead Agency/fiscal agent only. Indirect costs are not an allowable expense for mini-grant recipients or subcontractors. All costs incurred by mini-grantees or subcontractors must be direct costs to provide goods or services. Organizations may budget up to a maximum of 5% of the total direct cost amount for indirect costs. This amount is an integral component of the total grant award. The total charges that are included in the approved indirect cost rate may not be listed as direct costs in the budget. Typical examples of indirect costs may include central service costs, accounting personnel services, the costs of operating and maintaining facilities, etc. Check with the fiscal office to see if you are allowed to include an Indirect Charge, and to see what costs are categorized as “indirect” for the organization.

## 9. Additional Conditions

**The Grantee agrees to abide by the following additional conditions:**

- a. That grant funds and program income shall not be expended for:
  1. Construction of buildings, building renovations;
  2. Depreciation of existing buildings or equipment;
  3. Contributions, gifts, donations, dues to societies, organizations, or federations;
  4. Entertainment;
  5. Automobile purchases, rental and/or leases;
  6. Interest and other financial costs;
  7. Fines and penalties;
  8. Bad debts;
  9. Contingency funds;
  10. Food; and
  11. Political contributions.
- b. All disbursements are required by law to be fully itemized. IC 4-10-11-1 states that payments shall not be approved by any officer or officers authorized to approve the same, unless so itemized, and when invoices are presented for payment, they shall be accompanied by said itemized accounts and statements. Other state statutes requiring fully itemized state payments include the following:

IC 5-11-10-1 Disbursements on itemized claims only.

IC 4-10-12-1 Claim vouchers must show expenditure is for purpose appropriated.

Information necessary to sufficiently itemize payments ranges from listing specific contract program detail to providing unit costs, quantity, and description for each item or service received. Adequate information must be provided to substantiate hourly billing, such as activities performed and cost per hour. If reference is made to a vendor invoice, statement, or bill, it

should be attached. Blank or incomplete invoices should never be certified or paid by Grantees.

Public funds may not be used to pay for personal items or for expenses that do not relate to the functions and purposes of the tobacco grant program. Personal long distance calls are not allowed to be charged to the grant. Cellular phone service, which is paid for with grant funds, is for the sole benefit of the program for which grant funds have been received. Grantees have a responsibility to monitor cellular phone expenses to ensure they are not paying for airtime that is not needed. Cellular phone service is paid only via reimbursement with detailed billing.

Dues and subscriptions paid from public funds should be for institutional memberships; i.e. in the name of the organization, or grantee's organization name, not an individual's name.

No checks can be issued for cash to pay expenditures. Checks must be made out to the subcontractor, mini-grantee and/or supplier.

No petty cash funds can be established.

No debit cards can be authorized or utilized on the tobacco grant bank account housing State of Indiana – Indiana Tobacco Prevention & Cessation funds.

Grantees must reimburse staff for travel expenditures, no advance payments without specific written permission from ITPC.

Grantees are responsible for collecting any overpayment or duplicate payments made. Repayment should be sought immediately once an overpayment has been identified.

Grantees are obligated to collect, document and retain all such information necessary to certify invoices submitted for payment for goods or services received. Grantees have the duty to pay properly documented invoices in a timely fashion. With the exception of payroll expenditures for the Lead Agency employees, all contracts and other payments from the grant should be paid upon receipt of properly documented invoice for contracts, billings or requests for reimbursement.

- c. The Grantee will maintain a fixed assets listing as prescribed in the budget explanation. See attached sample of fixed assets listing. If an internal tracking system exists within your Lead Agency, follow those prescribed procedures to document any equipment purchases.
- d. Grantees will account for tobacco grant funds separately from other organization funds and will reconcile the tobacco grant fund account monthly. Tobacco grant funds cannot be co-mingled with other agency funds, if tobacco grant funds are deposited in an account with other funds, a separate accounting for those funds **must** be maintained, including the proper division

and crediting of interest to the various components of the account. At the end of the quarter the fund and account statement, including interest must reconcile to the quarterly fiscal reports submitted to ITPC.

- e. That acceptance of any services offered under this Grant Agreement shall be voluntary on the part of the individual to whom such services are offered and that acceptance of any services shall not be a prerequisite to eligibility for the receipt of any other services under the Grant Agreement.
- f. That any proposed changes in the target population served under this Grant Agreement or any proposed changes in geographic location of service sites must be submitted in writing to the Tobacco Prevention and Cessation Agency.
- g. That funding is contingent upon providing individualized data files in a file structure specified by the Indiana Tobacco Prevention and Cessation Agency. Grantee will submit said data files to the Indiana Tobacco Prevention and Cessation Agency no later than the 30<sup>th</sup> day after the end of the month in which the Grantee's quarterly report is due according to a specific schedule determined by the Indiana Tobacco Prevention and Cessation Agency. The data provided by the Grantee will be used to perform statistical and evaluative functions, and other reporting requirements.
- h. That changes in line items in the budget will be requested in writing and approved by a duly authorized representative of the Indiana Tobacco Prevention and Cessation Agency **prior to implementation**.
- i. That payment is contingent upon timely receipt of required client data in accordance with procedures and schedules established by the Indiana Tobacco Prevention and Cessation Agency, a copy of which is available upon request.
- j. That all income generated by grant funds shall be added to the grant fund balance in the period in which it is earned and is subject to the same requirements as the basic grant monies. All grant monies must be invested in types of investments as directed by current statute, IC 5-13-9-1 thru 5. Please refer to the current statute for guidance.
- k. To adopt and enforce a no smoking policy in project facilities at all times.
- l. Within 30 days after the end of the fiscal year, the designated Lead Agency must file Form E-1 with the Indiana State Board of Accounts so the audit requirements can be determined and communicated to the agency. For additional information please contact Tammy Baker, Supervisor for Not-for-Profit Corporations at 232-2525 or <http://www.in.gov/sboa/3104.htm> to review the information on-line.



## Budget Worksheet Form

Lead Agency \_\_\_\_\_

County \_\_\_\_\_

	Expenses
<b>1. Personnel</b>	
a. Salaries/Wages                      %FE                      Annual Salary Wage                      #Months	
1. (Position Title)	
2. (Position Title)	
<b>TOTAL SALARIES/WAGES &gt;</b>	
b. Fringe Benefits	
1. (Position Title)	
2. (Position Title)	
<b>TOTAL FRINGE BENEFITS &gt;</b>	
<b>2. Travel</b>	
a. In-State	
b. Out-of-State	
<b>TOTAL TRAVEL &gt;</b>	
<b>3. Supplies</b>	
a.	
b.	
<b>TOTAL SUPPLIES &gt;</b>	
<b>4. Contracts</b>	
a.	
b.	
<b>TOTAL SUBCONTRACTS &gt;</b>	
<b>5. Other</b>	
a.	
b.	
<b>TOTAL OTHER&gt;</b>	
<b>6. Paid Media</b> (not to exceed 15% of total grant awarded)	
a.	
b.	
<b>TOTAL Paid Media&gt;</b>	
<b>7. Furniture &amp; Equipment</b>	
a.	
b.	
<b>TOTAL FURNITURE &amp; EQUIPMENT &gt;</b>	
<b>TOTAL DIRECT COSTS&gt;</b>	
<b>8. INDIRECT COSTS</b> (Include if you have an indirect cost component. Maximum of 5% of the total direct cost requested is allowed.)	
<b>TOTAL BUDGET &gt;</b>	

Note: 1. Line items must be explained in a narrative Budget Justification  
 2. Costs such as central services, rent, and accounting can be budgeted in either #5 or #8, but not both.

## Budget Narrative Form

**Personnel: Salaries/Wages      %FTE      Annual Salary      #Months**

Salaries – (list each employee separately)

Benefits - (list each employee separately)

*\*provide a written job description to the Regional Director for all funded positions*

**Travel:**

In-State -

Out of State – Upon written approval on a case-by-case request

**Supplies:**

Office Supplies – Be specific

Program Supplies – Be specific

Promotional Supplies (giveaways – limited to pre-approved items only)

**Contracts: Be as specific as possible – contract approval required prior to executing the final contract.**

Subcontracts:

Mini-grants

**Other: Be specific**

**Paid Media: Limited to 15% or less of total award**

**Furniture and Equipment: For tobacco related programming activities only**

**Indirect Costs: Limited to 5% of total direct costs**

**USE ADDITIONAL SHEETS AS NECESSARY TO FULLY EXPLAIN BUDGET**

## Indiana Tobacco Prevention and Cessation Agency (ITPC) Declarations

Must be initialed by the signatory authority of the Lead Agency

\_\_\_\_\_ The ITPC may seek additional information from an applicant prior to or during the review of the application.

\_\_\_\_\_ The ITPC reserves the right to negotiate a modification of the proposed work plan and will award funds after agreement has been reached.

\_\_\_\_\_ The ITPC reserves the right to examine the physical location, all books, documents, papers, accounting records, and other evidence (Records) pertaining to the administration of the community program upon request and copies thereof shall be furnished at no cost to the Indiana Tobacco Prevention and Cessation Agency.

\_\_\_\_\_ The signatory for this Organization represents that he/she has been duly authorized to execute agreements on behalf of the organization and has obtained all necessary or applicable approvals from the home office of the organization.

\_\_\_\_\_ It is ITPC policy that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will not accept any funding from the tobacco industry. By entering into this grant agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

\_\_\_\_\_ It is ITPC policy that any organization or individual receiving funding from ITPC must agree as a condition of receiving funds that they will adopt a tobacco-free campus policy. By entering into this agreement the grantee agrees to abide by this policy during the term of this agreement. Any violation of this clause by the grantee could lead to termination of this agreement by the State.

**By initialing above and signing below you indicate that you have read and understand these declarations. For questions and assistance please call: Indiana Tobacco Prevention and Cessation Agency at (317) 234-1787**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Lead Agency Name

State Form 47551 (2/96)  
Approved by State Board of Accounts 09/1997

Name of Vendor/Claimant who prepared this Request	
	Work Number: _____
Name: _____	Home Number: _____

STATE OF INDIANA  
AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

**Instructions:**

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

## SECTION 1: REQUEST AND AUTHORIZATION

Vendor / Claimant as shown on the account \_\_\_\_\_ Federal I.D. Number / Social Security Number \_\_\_\_\_

Address (Number and Street, and/or P.O. Box No.) \_\_\_\_\_ City, State, and Zip Code (00000-0000) \_\_\_\_\_

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) if necessary, to initiate debit entries or adjustments *solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization*. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: \_\_\_\_\_

Type of Account: ☐ Checking (Demand) ☐ Savings

Depository Account Number: \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor / Claimant

## SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Depository's Authorized Signature

ABA Transit-Routing Number	Title
0001	1st
0002	2nd
0003	3rd
0004	4th
0005	5th
0006	6th
0007	7th
0008	8th
0009	9th
0010	10th
0011	11th
0012	12th
0013	13th
0014	14th
0015	15th
0016	16th
0017	17th
0018	18th
0019	19th
0020	20th
0021	21st
0022	22nd
0023	23rd
0024	24th
0025	25th
0026	26th
0027	27th
0028	28th
0029	29th
0030	30th
0031	31st
0032	32nd
0033	33rd
0034	34th
0035	35th
0036	36th
0037	37th
0038	38th
0039	39th
0040	40th
0041	41st
0042	42nd
0043	43rd
0044	44th
0045	45th
0046	46th
0047	47th
0048	48th
0049	49th
0050	50th
0051	51st
0052	52nd
0053	53rd
0054	54th
0055	55th
0056	56th
0057	57th
0058	58th
0059	59th
0060	60th
0061	61st
0062	62nd
0063	63rd
0064	64th
0065	65th
0066	66th
0067	67th
0068	68th
0069	69th
0070	70th
0071	71st
0072	72nd
0073	73rd
0074	74th
0075	75th
0076	76th
0077	77th
0078	78th
0079	79th
0080	80th
0081	81st
0082	82nd
0083	83rd
0084	84th
0085	85th
0086	86th
0087	87th
0088	88th
0089	89th
0090	90th
0091	91st
0092	92nd
0093	93rd
0094	94th
0095	95th
0096	96th
0097	97th
0098	98th
0099	99th
0100	100th

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

### Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN or "pre-LLC" EIN, if desired. If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

### Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

### Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payors must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> The minor <sup>2</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee <sup>1</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation The organization
9. Association, club, religious, charitable, educational, or other tax-exempt organization	
10. Partnership	The partnership The broker or nominee
11. A broker or registered nominee	
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

